

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: **Mitchell Shephard** SSN: XXX-XX- **8565**CASE NO. **17-51761-KMS**

Joint Debtor: _____ SSN: XXX-XX- _____

Median Income: ____ Above **XX** BelowAddress: **7237 Hwy 613****Lucedale, MS 39452**

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of **60** months, not to be less than 36 months for below-median income debtor(s), or less than 60 months for above-median income debtors(s).

- (A) Debtor shall pay \$ **1912.00** monthly to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an order directing payment shall be issued to Debtor's employer at the following address:

Self Pay**PRIORITY CREDITORS. N/A****DOMESTIC SUPPORT OBLIGATION: N/A**

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party-in-interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to **Wells Fargo** Beginning **October 2017** @ \$ **1631.00** **XX** Plan ____ Direct
Mtg arrear to **Wells Fargo** Through **September 2017** \$ **8367.00** @\$ **139.45** /mo

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM: N/A**NON-MORTGAGE SECURED CLAIMS. N/A****SPECIAL CLAIMANTS: N/A****STUDENT LOANS: N/A****SPECIAL PROVISIONS: N/A**

GENERAL UNSECURED CLAIMS total approximately \$ **21,179.00**. Such claims must be **timely filed** and not disallowed to receive payment as follows: _____ IN FULL (100%), **0.00** %(percent) MINIMUM, or a total distribution of \$ _____, with the Trustee to determine the percentage distribution. **Those general/unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total attorney fee charged: \$ **3330.00**Attorney fee previously paid: \$ **3330.00**Attorney fee to be paid in plan: \$ **0**

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Debtor's Initials **MS**

Joint Debtor's Initials _____

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Automobile Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone/Email)

Paul B. Caston, MSB # 10086

P.O. Box 1742

Hattiesburg, MS 39403-1742

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E. paulcaston@gmail.com

DATED: **October 20, 2017**_____

DEBTOR'S SIGNATURE /s/ Mitchel Shephard_____

JOINT DEBTOR'S SIGNATURE_____

ATTORNEY'S SIGNATURE /s/ Paul B. Caston_____

Debtor's Initials **MS**_____

Joint Debtor's Initials_____

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